



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
810 Richards Street, Suite 400
Honolulu, Hawaii 96813


October 9, 2006

MEMORANDUM

TO: Prospective Applicants

FROM: Amy Tsark, Acting Administrator
Social Services Division

SUBJECT: ADDENDA FOR THE REQUEST FOR PROPOSAL ISSUED
OCTOBER 2, 2006



Attached for your information is an addenda to the Request for Proposal (RFP) for HMS 601-MWS-02 by the Social Services Division of the Department of Human Services (DHS) Recruitment, Licensing & Monitoring of RACCP Case Management Agencies and Recruitment, Certifying & Monitoring of RACCP Community Care Family Foster Homes Statewide. The purpose of the addenda is to add a service requirement.

If you have further questions about the RFP, please contact the person designated in Section 2, part II, F of the RFP. Thank you for your interest in this procurement.

Attachments

**DEPARTMENT OF HUMAN SERVICES
SOCIAL SERVICES DIVISION
ADULT AND COMMUNITY CARE SERVICES
BRANCH**

ADDENDA FOR THE RFP ISSUED 10/2/06

HMS 601-MWS-02:

Recruitment, Licensing and Monitoring of RACCP Case Management Agencies and Recruitment, Certifying and Monitoring of RACCP Community Care Foster Family Homes Statewide

A revision has been made to Section 2, Service Specifications, III. Scope of Work under **A-1. Licensing of Case Management Agencies to remove:**

4. Establish and implement standards and procedures for issuing and renewing a certificate of approval to a CCFFH as specified in §17-1454-9, Issuance of license or certificate of approval.

and **replace** with:

4. Establish and implement standards and procedures for issuing and renewing a license to a CMA as specified in §17-1454-9, Issuance of license or certificate of approval.

A revision has been made to Section 2, Service Specifications, III. Scope of Work to add the following service activity.

Insert:

A-5 Verification of Hours for Recertification for Certified Nurses Aides

The PROVIDER is required to verify that a minimum of 7 hours in a 24-month period was worked in a certified community care foster family home setting by signing the recertification form for Certified Nurses Aides who wish to become recertified and

- are Primary Caregivers or Substitute Caregivers in a certified Community Care Foster Family Home.
- have met the minimum number of work hours to become recertified.

The procedure to verify hours met for recertification must be specified.